

THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

34318

State File No.

FILED *B4462*
NOV 14 1952

BIRTH NO. REG. DIST. NO. *43* PRIMARY REG. DIST. NO. *3007* Registrar's No. *497*

1. PLACE OF DEATH a. COUNTY Butler		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Butler	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Poplar Bluff		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Poplar Bluff	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Poplar Bluff Hospital		d. STREET ADDRESS (If rural, give location) 400 S. B. St.	

3. NAME OF DECEASED (Type or Print) a. (First) RALEIGH b. (Middle) TROY c. (Last) KISER			4. DATE OF DEATH (Month) (Day) (Year) 10/16/1952		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never married	8. DATE OF BIRTH 6/17/1952	9. AGE (In years last birthday) 3	10. MONTHS 29
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Infant		10b. KIND OF BUSINESS OR INDUSTRY None		11. BIRTHPLACE (State or foreign country) Poplar Bluff, Missouri	
12. CITIZEN OF WHAT COUNTRY? USA					

13a. FATHER'S NAME Ernest Kiser		13b. MOTHER'S MAIDEN NAME Mabel Whitener		14. NAME OF HUSBAND OR WIFE None	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Ernest Kiser ADDRESS Poplar Bluff, Missouri	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Acidosis</i> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Epidemic</i> DUE TO (c) <i>Shylock</i> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH	
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19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 0452		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from Oct. 15, 1952, to Oct 16, 1952, that I last saw the deceased alive on Oct. 16, 1952, and that death occurred at 3:10A m., from the causes and on the date stated above.

23a. SIGNATURE <i>[Signature]</i> (Degree or title) MD		23b. ADDRESS Poplar Bluff, Missouri		23c. DATE SIGNED 11-4-52	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 10/17/1952		24c. NAME OF CEMETERY OR CREMATORY City Cemetery	
				24d. LOCATION (City, town, or county) (State) Poplar Bluff, Missouri	

DATE REC'D BY LOCAL REG. 11-5-52		REGISTRAR'S SIGNATURE <i>[Signature]</i> 428-1		25. FUNERAL DIRECTOR'S SIGNATURE Greer Croy & Fitch ADDRESS Poplar Bluff, Mo.	
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED
NOV 12 1952
BUTLER CO. HEALTH CENTER
FILE No. 152-537

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed

Joseph R. Matlock

Licensed Embalmer No. 4824

P. O. Address Caplan, Shiff, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.